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U.S. residents are less healthy, less able to access health care than Canadians

Universal coverage appears to reduce healthcare inequalities

A study by Harvard Medical School researchers in the July, 2006 issue of the American Journal of Public Health finds that U.S. residents are less healthy than Canadians. Moreover, despite spending nearly twice as much per capita for health care, U.S. residents experience more problems getting care and more unmet health needs.

The study analyzes the Joint Canada-U.S. Survey of Health, the first-ever cross national health survey carried out by the two nations' official statistics agencies. The authors found that U.S. residents were less healthy than Canadians, with higher rates of nearly every serious chronic disease examined in the survey, including diabetes, arthritis, and chronic lung disease. U.S. residents also had more high blood pressure (18% of U.S. residents versus only 14% for Canadians). U.S. rates of obesity and sedentary lifestyle were higher; with 21% of U.S. respondents reporting obesity versus 15% of Canadians. However, U.S. residents were slightly less likely to smoke.

Canadians had better access to most types of medical care (with the single exception of pap smears). Canadians were 7% more likely to have a regular doctor and 19% less likely to have an unmet health need. U.S. respondents were almost twice as likely to go without a needed medicine due to cost (9.9% of U.S. respondents couldn't afford medicine vs. 5.1% in Canada). After taking into account income, age, sex, race and immigrant status, Canadians were 33% more likely to have a regular doctor and 27% less likely to have an unmet health need. For each of these measures, the average Canadian did about as well as **insured** U.S. residents.

Race and income disparities, although present in both countries, were larger in the U.S. Non-whites were more likely than whites to have an unmet health need in the U.S. (18.6% vs. 11.1%); while in Canada they were not (10.8% vs. 10.2%). Notably, both white and non-white Canadians had fewer unmet health needs than white U.S. residents. After taking into account income, age, sex, race and immigrant status, poor U.S. residents (making less than \$20,000 per year) were 2.6 times less likely to have a regular doctor than the affluent (those making \$70,000 or more). In Canada, the poor were only 1.7 times less likely.

In the U.S., cost was the largest barrier to care. More than seven times as many U.S. residents reported going without needed care due to cost as Canadians (7.0% of U.S. respondents vs. 0.8% of Canadians). Uninsured U.S. residents were particularly vulnerable; 30.4% reported having an unmet health need due to cost.

Lead author Dr. Karen Lasser, primary care doctor at Cambridge Health Alliance and Instructor of Medicine at Harvard commented, “Most of what we hear about the Canadian health care system is negative; in particular, the long waiting times for medical procedures. But we found that waiting times affect few patients, only 3.5% of Canadians vs. 0.7% of people in the U.S. No one ever talks about the fact that low-income and minority patients fare better in Canada. Based on our findings, if I had to choose between the two systems for my patients, I would choose the Canadian system hands down.”

“These findings raise serious questions about what we’re getting for the \$2.1 trillion we’re spending on health care this year,” said Dr. David Himmelstein, Associate Professor of Medicine at Harvard and study co-author. “We pay almost twice what Canada does for care, more than \$6,000 for every American, yet Canadians are healthier, and live 2 to 3 years longer.”

Dr. Steffie Woolhandler, also an Associate Professor of Medicine at Harvard and study co-author, commented: “Our study, together with a recent study showing that people in England are far healthier than Americans, is a terrible indictment of the U.S. healthcare system. Universal coverage under a national health insurance system is key to improving health. It’s striking that both whites and non-whites do better in Canada. A single-payer national health insurance system would avoid thousands of needless deaths and hundreds of thousands of medical bankruptcies each year. In 1971, Congress almost passed national health insurance. Since then, at least 630,000 Americans have died because they failed to act. How much longer must we wait?”

The study used data from the Joint Canada/U.S. survey of Health (JCUSH), conducted jointly by Statistics Canada (the Canadian counterpart to the U.S. Census Bureau) and the U.S. National Center for Health Statistics. The JCUSH surveyed 3,505 Canadians and 5,183 U.S. residents between November 2002 and March 2003 in order to gauge health status, rates of illness, behavioral risk factors, use of health care, and access to health care services in the two countries.

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Embargoed copies of the study are available to the press at: <http://www.pnhp.org/canadastudy/>
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Physicians for a National Health Program is an organization of 14,000 physicians that support single-payer national health insurance. PNHP is headquartered in Chicago and has chapters and spokespeople across the U.S. To contact a physician-spokesperson in your area, contact nick@pnhp.org or call 312-782-6006. www.pnhp.org.